

## Request to Transfer MET Educational Benefits

Issued under Public Act 316 of 1986. Filing is mandatory.

The person(s) requesting the transfer and the new beneficiary to whom the contract is proposed to be transferred to (or the parent or guardian of the new beneficiary if the new beneficiary is a minor) certifies that no payment has been or will be made to anyone (except for payment to MET, if any) for the transfer of educational benefits.

### ORIGINAL BENEFICIARY

*Original Beneficiary Name	Relationship Between Original Beneficiary and New Beneficiary	
Street Address	Contract Number	
City, State, ZIP Code	Beneficiary's Social Security Number	
No. of Years of Educational Benefits Purchased	Work Telephone (     )	Home Telephone (     )
Age at the Time of Transfer	Grade as of December 1, 2003 (if applicable)	

\*Original beneficiary must be at least 18 years of age. If you are not 18 years of age, attach a copy of your high school diploma.

### NEW BENEFICIARY

New Beneficiary Name		*Year (or Expected Year) of High School Graduation
Street Address		New Beneficiary's Existing MET Contract No. (if applicable)
City, State, ZIP Code		New Beneficiary's Social Security Number
No. of Years of Educational Benefits Requesting to Be Transferred	Work Phone (     )	Home Phone (     )
Age at the Time of Transfer	Date of Birth	Grade as of December 1, 2003

\*If the educational benefits will be transferred to an older student, an additional charge is required. This fee may be waived if the new beneficiary is willing to accept less than nine years to completely use educational benefits. Please initial this box if the new beneficiary is willing to accept the original beneficiaries high school graduation year as the year they are eligible to use benefits.

A \$25.00 processing fee is required when transferring educational benefits. Checks should be made payable to the Michigan Education Trust and enclosed with this completed form.

**PLEASE HAVE THE BENEFICIARY AND NEW BENEFICIARY SIGN ON THE REVERSE SIDE.  
ALL SIGNATURES MUST BE NOTARIZED.**

**MAIL TO:**  
**Michigan Education Trust**  
**P.O. Box 30198**  
**Lansing, Michigan 48909**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Original Beneficiary

STATE OF \_\_\_\_\_ )  
 )ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, before me, a Notary Public in and for the County and State above, personally appeared \_\_\_\_\_ who after being duly sworn, represented and acknowledged execution of this instrument.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of New Beneficiary (or parent/guardian  
if the new beneficiary is a minor)

STATE OF \_\_\_\_\_ )  
 )ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, before me, a Notary Public in and for the County and State above, personally appeared \_\_\_\_\_ who after being duly sworn, represented and acknowledged execution of this instrument.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent, guardian, or personal  
representative of the original beneficiary  
(if applicable)

STATE OF \_\_\_\_\_ )  
 )ss  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, before me, a Notary Public in and for the County and State above, personally appeared \_\_\_\_\_ who after being duly sworn, represented and acknowledged execution of this instrument.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_